

**CITY CLERK'S OFFICE**

Administration Building
304 South Indiana Avenue
Kankakee, Illinois 60901
Phone: (815) 933-0480 Fax: (815) 933-0482
Web Site: www.citykankakee-il.gov
Email: businesslicense@citykankakee-il.gov

FEE SCHEDULE

New Business: \$100.00
Annual Renewal: \$100.00
Cash for Gold: \$1,000.00

Please complete this application in its entirety and attach all required applicable documentation on page 3. Incomplete applications will be returned.

APPLICATION FOR BUSINESS LICENSE

Date: _____

☐ **Initial Business Registration**
☐ **Home Based Business**

☐ **Business Renewal**
☐ **New Owner**

Business Name: _____
Address: _____
Phone number: _____
Email: _____

D/B/A: _____
City: _____ **State:** _____ **Zip:** _____
Fax Number: _____

Alternate Mailing Address (if different from above):

Address: _____
Business Phone Number: _____
Email: _____

City: _____ **State:** _____ **Zip:** _____
Fax Number: _____

Type of business entity:

☐ Sole Proprietorship ☐ Partnership ☐ C-Corporation ☐ S-Corporation
☐ Non-Profit ☐ LL-Partnership ☐ LL-Corporation

Primary Business Activity: _____

Sole Proprietorships:

Name of Business Owner: _____
City: _____
Email: _____

Address: _____
State: _____ **Zip:** _____
Phone Number: _____

Partnerships:

Name of Partner: _____
City: _____
Email: _____

Address: _____
State: _____ **Zip:** _____
Phone: _____

Name of Partner: _____
City: _____
Email: _____

Address: _____
State: _____ **Zip:** _____
Phone: _____

All Corporations:

Name of Officer: _____
City: _____
Email: _____

Address: _____
State: _____ Zip: _____
Phone: _____

Name of Officer: _____
City: _____
Email: _____

Address: _____
State: _____ Zip: _____
Phone: _____

Designated Local Manager:

Name of Manager: _____
City: _____
Email: _____

Address: _____
State: _____ Zip: _____
Phone: _____

Does the business serve or sell food products? ☐ Yes ☐ No

IF YES, please provide a copy of Kankakee County Health Department license

Does the business sell alcohol? ☐ Yes ☐ No

IF YES, please contact the Mayor's office (815) 933-0500 to obtain your liquor license application.

Does the business sell tobacco products? ☐ Yes ☐ No

IF YES, please provide proof of tobacco license from the State of Illinois.

Does the business own or operate any amusement/vending machines? ☐ Yes ☐ No

IF you do not own the amusement/vending machines, please provide the name of the distributor:

Name of the Vendor: _____ **Vendor Phone Number:** _____

Quantity: _____

Do you store hazardous materials on your business site? ☐ Yes ☐ No

Do you maintain Materials Safety Data Sheets with the Kankakee Fire Department? ☐ Yes ☐ No

IF YES, please retain a copy at your business site.

Home Based Business

Will the business operator live in the unit? ☐ Yes ☐ No

Will the business be restricted to one room in the home? ☐ Yes ☐ No

IF NO, what percentage of the home will be used for the home occupation? _____

Home Based Pamphlet instructions provided: Initials: _____

Emergency Contacts (list contacts in order of priority):

(1) Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Mobile Number: _____

(2) Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Mobile Number: _____

Inspections: All businesses must have a Kankakee Fire Department inspection. Please attach a copy of your Fire Inspection conducted within the last (12) twelve months. If your last inspection revealed violations, please call and schedule for a re-inspection. Once a re-inspection has been conducted and all violations are repaired, you have (10) ten business days to file this application along with all attached documents with the City Clerk's Office.

PLEASE NOTE: YOUR APPLICATION IS NOT COMPLETE UNLESS THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION:

Copy of valid Photo ID (Driver's License or State ID)/List of Officers

Copy of current Illinois Retailers Occupation Tax ID Number

Copy of current Fire Inspection Report (please call 815-933-0458 to obtain your report)

Copy of current Proof of Insurance coverage on building showing the policy period (for example: January 01, 2021–December 31, 2021)

Copy of current State License (if applicable: i.e., a state-licensed business or profession)

Copy of current Kankakee County Health Department License (if applicable)

Copy of State of Illinois Tobacco Certificate

A NEW BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

I understand that this registration does not constitute compliance with all City Codes and Ordinances, State and Federal Law, and the results of any inspections required by ordinance. I have read this application and answered all questions fully. The information I have submitted on this application is complete and truthful to the best of my knowledge.

Print Name: _____ Signature: _____ Title: _____

ALL FEES MUST BE PAID AT THE TIME THE APPLICATION IS SUBMITTED.

PLEASE MAKE CHECKS PAYABLE TO: CITY OF KANKAKEE

FOR ADMINISTRATIVE USE ONLY
ADJUDICATION DEPARTMENT

Adjudication Director: _____ Approval: _____ Date: _____

Adjudication Date: _____

Note: Are there any outstanding fees associated with this business? () Yes () No

IF YES: Amount _____ Reason _____

Verified by: _____

FOR ADMINISTRATIVE USE ONLY
PLANNING AND ZONING DEPARTMENT

Zoning Classification: _____ Planning/Zoning Approval: _____

Date: _____

Zoning Conditions/Notes:

FOR CLERK'S OFFICE USE ONLY

Fee Received: \$ _____ Date: _____ Date License issued: _____ Processed by: _____ FY: _____

☐ Exempt Business ☐ Non-Exempt Business

☐ State Licensed Business Registration ☐ Home Based Business

Notes: